



MP-1644

Please type a plus sign (+) inside this box →  +

PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RECEIVED  
AUG 20 2001  
TECH CENTER 1600/2900

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/625,963
	Filing Date	July 26, 2000
	First Named Inventor	Hans Josef Stauss
	Group Art Unit	1645
	Examiner Name	A. DeCloux
Total Number of Pages in This Submission	Attorney Docket Number	ICI 101

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patrea L. Pabst Holland & Knight, LLP
Signature	
Date	July 23, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <span style="border: 1px solid black; padding: 2px;">July 23, 2001</span>			
Typed or printed name	Jean Hicks		
Signature		Date	July 23, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 2001

*Patent fees are subject to annual revision.*

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 110.00
--------------------------------	--------------------

**Complete if Known**

Application Number	09/625,963
Filing Date	July 26, 2000
First Named Inventor	Hans Josef Stauss
Examiner Name	A. Decloux
Group Art Unit	1644
Attorney Docket No.	ICI 101

RECEIVED

AUG 20 2001

TECH CENTER 1600/2900

**METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number:

Deposit Account Name:

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  **Payment Enclosed:**

Check    Credit card    Money Order    Other

**FEE CALCULATION (continued)**

		Large Entity		Small Entity		Fee Description	Fee Paid
		Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	110.00
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	
118	1,390	218	695			Extension for reply within fourth month	
128	1,890	228	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Petitions related to provisional applications	
126	240	126	240			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	710	246	355			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355			For each additional invention to be examined (37 CFR § 1.129(b))	
179		279	355			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	
Other fee (specify) _____							
* Reduced by Basic Filing Fee Paid							
<b>SUBTOTAL (3)</b>							<b>(\$)</b> 110.00

**FEE CALCULATION**

1. **BASIC FILING FEE**

		Large Entity		Small Entity		Fee Description	Fee Paid
		Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	710	201	355			Utility filing fee	
106	320	206	160			Design filing fee	
107	490	207	245			Plant filing fee	
108	710	208	355			Reissue filing fee	
114	150	214	75			Provisional filing fee	
<b>SUBTOTAL (1)</b>							<b>(\$)</b>

2. **EXTRA CLAIM FEES**

Total Claims	<input type="text" value="35"/>	-35	=	<input type="text" value="0"/>	x	<input type="text" value="0"/>	=	<input type="text" value="0"/>
Independent Claims	<input type="text" value="1"/>	-3	=	<input type="text" value="0"/>	x	<input type="text" value="0"/>	=	<input type="text" value="0"/>
Multiple Dependent			=				=	

		Large Entity		Small Entity		Fee Description	Fee Paid
		Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103	18	203	9			Claims in excess of 20	
102	80	202	40			Independent claims in excess of 3	
104	270	204	135			Multiple dependent claim, if not paid	
109	80	209	40			** Reissue independent claims over original patent	
110	18	210	9			** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>							<b>(\$)</b> -0-

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284
Signature		Telephone	404-817-8473
		Date	July 23, 2001

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



#7  
8/24/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>	Docket Number (Optional) ICI 101
In re Application of <b>Hans Josef Stauss and Ligan Gao</b>	
Application Number <b>09/625,963</b>	Filed <b>July 26, 2000</b>
For <b>IMMUNOTHERAPEUTIC METHODS USING EPITOPES OF WT-1 AND GATA-1</b>	
Group Art Unit <b>1645</b>	Examiner <b>A. DeCloux</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1868.  
I have enclosed a duplicate copy of this sheet.

I am the  assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

July 23, 2001  
Date

\_\_\_\_\_  
Signature

Patrea L. Pabst, Reg. No. 31,284  
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.